

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

*mailing address changed***Instructions**

1. Print in ink or type.
2. Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70806. (225) 763-8777 or (800) 842-6630. No fee is required.
3. This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLYPostmark Date: 8-13-08*Supp (address change)**ack ✓***1073087**1. NAME Martinez Pete
Last First MI2. BUSINESS PHONE (225) 379-32323. BUSINESS ADDRESS 630 Lakeland Drive, Baton Rouge, Louisiana 70802
Street and No. City State ZipMAILING ADDRESS Same
Street and No. City State Zip4. EMPLOYER Pharmaceutical Research and Manufacturers of America (PhRMA)5. EMPLOYER'S ADDRESS 950 F Street NW, Suite 300, Washington, District of Columbia 20004
Street and No. City State Zip6. Have you ceased or terminated all lobbying activities requiring registration? Yes _____ No ☒

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name N/A
Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

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2. Name N/A

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

3. Name N/A

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Date Made:

Signature of Lobbyist